

IN THE \_\_\_\_\_ JUSTICE COURT, MARICOPA COUNTY, STATE OF ARIZONA

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CASE NUMBER: \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

DEFENDANT: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

Statutory Agent: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**CIVIL COMPLAINT**

Plaintiff alleges that this Court has jurisdiction over this matter. I am suing the Defendant because:

THEREFORE, I am asking for Judgment against the Defendant in the principal sum of \$ \_\_\_\_\_ with court costs and interest at the legal rate from date of Judgment.

Date: \_\_\_\_\_ Plaintiff: \_\_\_\_\_

☐ CIVIL SUMMONS

☐ ALIAS SUMMONS

**THE STATE OF ARIZONA TO THE ABOVE-NAMED DEFENDANT:**

1. You are to appear and file a written answer and the required filing fee in the Court named above. The Court will provide an answer form.
2. You have **20 calendar days** from the date you were served to file your answer.
3. If the 20th day is a Saturday, Sunday or legal holiday, the time runs out at the end of the next working day.

**IF YOU LIVE OUTSIDE OF ARIZONA YOU HAVE 30 DAYS TO FILE YOUR ANSWER FROM THE DATE OF SERVICE**  
**IF YOU FAIL TO ANSWER, Judgment may be entered against you as requested in the complaint.**

**REQUESTS FOR REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES MUST BE MADE TO THE DIVISION ASSIGNED TO THE CASE BY PARTIES AT LEAST 3 JUDICIAL DAYS IN ADVANCE OF A SCHEDULED COURT PROCEEDING.**

Date: \_\_\_\_\_

Judge \_\_\_\_\_

Alias Date: \_\_\_\_\_

Judge \_\_\_\_\_